IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF PUBLIC HEALTH

HIV, STD & Hepatitis Programs – Subgrant Application

Improving Hepatitis C Care Cascade; Focus on Increased Testing and Diagnosis

FY2017 GRANT YEAR: NOVEMBER 1, 2016 – OCTOBER 31, 2017
PROJECT PERIOD: AUGUST 15, 2017 – OCTOBER 31, 2020

Application Deadline:

Applications must be received electronically or by post or delivery to the HIV, STD & Hepatitis Programs on or before: **July 24, 2017 by 5:00 PM MDT.**

Applications received after this date and time will not be considered. Applicants will receive an email verifying receipt of the application within one business day, and notified of application status by **July 27, 2017.**

Table of Contents

1. Background

Viral hepatitis continues to be a silent epidemic in the United States with approximately five million Americans living with hepatitis B virus (HBV) or hepatitis C virus (HCV) and most are not even aware of their infection. Both HBV and HCV are leading infectious causes of morbidity/mortality and disproportionately affect racial/ethnic minorities, persons born during 1945-1965 (Baby Boomer Cohort), persons born outside of the United States, and medically underserved/underinsured populations. Among those living with HCV, only fifty percent know their status and many have not received the recommended care and treatment (increasing their chances of developing chronic liver disease). Baby Boomers are five times more likely to have HCV than other adults. The Centers for Disease Control and Prevention (CDC) recommend all persons born between 1945 and 1965 (Baby Boomer Cohort) have a one-time test for HCV to help reduce HCV-related deaths (CDC, 2016). HCV testing, when linked to care and treatment, is cost effective and improves health outcomes. CDC estimates HCV testing of the Birth Cohort can avert >320,000 HCV-related deaths.

In Idaho, it is estimated that 26% of the population represents the baby boomer cohort (US Census, 2014). Under the guidance of PS17-1702 Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis Cooperative Agreement, the Adult Viral Hepatitis Program must identify area of highest burden to initiate partnerships, gradually establishing partnerships in all seven (7) of Idaho's public health regions. Public Health Region 1 has been identified as the first region to begin the project, based on a high incidence rates of past/present HCV among baby boomers.

2. Purpose

The Idaho Department of Health and Welfare, Division of Public Health, Adult Viral Hepatitis Program is seeking a qualified sub grantee to implement system-level policy change within their health setting aimed at increasing the testing of persons living with HCV infection over a three-year period. Persons tested for these infections are made aware of their infection status to facilitate linkage to recommended care and treatment services.

The Adult Viral Hepatitis Program seeks to increase screening and detection of HCV among the baby boomer population, and link newly diagnosed patients with HCV to medical care (including counseling services in Benewah, Bonner, Boundary, Kootenai and Shoshone counties of Idaho).

3. Funding Period/Availability

This is a four-year grant totaling $28,000. Each funding cycle is contingent on the performance of the awardee from the previous funding cycle and the availably of funds (Adult Viral Hepatitis Prevention and Control CFDA#: 93.270):

- Year One (August 15, 2017 – October 31, 2017) = $8,000
- Year Two (November 1, 2017 – October 31, 2018) = $8,000
- Year Three (November 1, 2018 – October 2019) = $6,000
- Year Four (November 1, 2019 – October 31, 2020) = $6,000

4. Eligible Applicants

The target population for this grant is for all persons born between 1945 and 1965 (Baby Boomer Cohort) residing in Benewah, Bonner, Boundary, Kootenai and Shoshone counties of Idaho.

Eligible applicants must be in a clinical setting serving populations in at least two (2) of the five (5) Idaho counties in public health region one (Benewah, Bonner, Boundary, Kootenai and Shoshone) **and** can provide:

- Service for populations with HCV-related health disparities, including limited access to health care (e.g., Medicaid coverage or no health insurance)
- Confirmation of current HCV infection (HCV RNA) for patients with positive anti-HCV antibody results as indicated in the current CDC algorithm for HCV testing (https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf).
- Linkage to – or provision of – HCV care and treatment.

Federally Qualified Health Centers (FQHC) populations in at least two (2) of the five (5) Idaho counties in public health region one will be given preference over other applicants.

5. Application and Submission

a. Application Format Requirements

Applications are limited to eight (8) pages, not including the application face page or the budget summary table. Applications that exceed this page limit will not be reviewed.

Applications must:

- Be an original copy;
- Be printed on 8½ X 11" paper, singled-sided;
- Have 1-½ (1.5) line spacing;
- Be in 12-point Times New Roman font; and
- Have 1-inch margins.

Please do not include materials other than those specially requested in this application guidance.

b. Components of the Application

A completed application will include these components in the following order:

1. **Application Face Page**
   The application face page can be found on page seven of this packet. All fields must be completed and signed as indicated. The face page must be typewritten or completed in Microsoft Word, and must be signed before submission. Handwritten or incomplete face pages will not be accepted.

2. **Table of Contents**

Applicants are to include a table of contents which reflects the major sections of the application (including page numbers in which major sections can be found).

3. Scope of Work

Applicants must complete the scope of work document which can be found on page eight of this packet. Applicants must complete all sections of the scope of work document with a detailed description of how the grantee will accomplish the required project activities.

Baseline Data Report:

The Subgrantee is required to complete a baseline data report during the first year of the grant that will include:

- Patient population characteristics including demographics and estimated HCV within their setting.
- The number and types of providers, phlebotomists, nurses, pharmacists, counselors and social workers within their setting.
- The data collection and management systems used within their setting.
- Services provided related to viral hepatitis (vaccines, testing, treatment).
- Collaborations/partnerships with local hospitals and other sites of care.

Implementation of Strategy:

The Subgrantee is required to work with the Viral Hepatitis Prevention Coordinator (VHPC) to select a strategy to implement within their clinical settings to increase HCV screening among the baby boomer population and link newly diagnosed patients with HCV to HCV medical care, including counseling services from baseline to ten percent. The Subgrantee will be required to participate in quarterly conference calls and submit completed quarterly reports to the VHPC *via* email during project years two through four.

Training of Staff:

The Subgrantee is required to work with the VHPC to schedule staff educational training on HCV and to ensure at least fifty percent of staff receive training and complete pre- and post- surveys.

Project Evaluation:

The Subgrantee is required to work with the VHPC to develop an evaluation plan due at the end of year two of the project. The plan will include measurable objectives, activities, and performance indicators.

4. Budget Proposal

Applicants must complete a detailed four-year budget proposal with justification using the budget proposal document located on page nine of this packet. Please do not alter the document format in any way. Allowable expenses include:

Activity	Description
Personnel	List all personnel employed to perform work under this grant. Include proposed salaries, time and effort percentage (full-time equivalent or FTE), and fringe benefits. In the justification, include the role and

	expected contribution of budgeted personnel. A description of how fringe benefits are projected and what components are included in the calculation (insurance, paid time off, etc.)
Supplies	Include the list of all allowable operating expenses. Justification should describe the rationale and who will be using the supplies.
Other	Other costs related to the application
Indirect Costs	Usual and recognized overhead activities, including rent, utilities, and facility costs. Costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; and computer hardware/ software not directly related to patient care.

Final budgets will be subject to Department approval. The budget proposal does not count toward the 8-page limit. Failure to submit a budget proposal will yield an application score of zero (0).

5. **Financial Risk Assessment Questionnaire**
   Applicants must complete the financial risk assessment questionnaire located in the supporting documents sections of this packet. This questionnaire will not be included in the scoring criteria or in the 8-page limit.

6. **Applicant W-9 Form**
   Applicant must attach their W-9 form

c. Submission Requirements

Only one application will be accepted from each eligible applicant. Multiple applications from the same organization will not be reviewed.

Applications must be submitted electronically, by post or delivery to:

Idaho Department of Health and Welfare
HIV, STD, & Hepatitis Programs
Attn: Kimberly Matulonis
450 W. State Street – 4th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5518
kimberly.matulonis@dhw.idaho.gov

Applications must be **received** electronically, by post or delivery on or before: **5:00 P.M. Mountain Time, Monday, July 24, 2017.** Applications received after this date and time will not be considered. Applicants will receive an email verifying receipt of the application within one business day, and notified of application status by Thursday, July 27, 2017.

6. Application Evaluation and Assessment

All grant applications will be scored by consensus. The Viral Hepatitis Prevention Program will convene an evaluation committee of three (3) evaluators who will independently review each application to identify the strengths and weaknesses of each proposal. The evaluators will meet as a group to discuss each application and score the applications.

a) Scope of Work: The applicant must show adequate experience, knowledge and qualifications to adequately perform all aspects of the scope of work for this project. This section has a weight of 75%.

b) Budget Proposal: The budget proposal will be evaluated based on the extent to which a detailed itemized budget and justification are consistent with activities outlined in the scope of work. This section has a weight of 25%.

Reviewers will score the applications based on compliance with the application guidelines and capacity of the organization to achieve the proposed activity goals and objectives as outlined in the Scope of Work. Awards will be based on application score. All applicants will be notified of grant awards in writing.

7. Supporting Documents

Application Face Page

All fields must be typed and complete

Applicant organization: _____

Federal tax identification number (TIN): _____

Data Universal Numbering System (DUNS): _____
(If your organization does not have a DUNS number, please see: DUNS Web Form to begin the process)

Which counties does your organization serve (check all that apply):
Benewah: ☐ Bonner: ☐ Boundary: ☐ Kootenai: ☐ Shoshone: ☐

Name of contact person: _____

Phone number: _____ **Fax number:** _____

Address: _____

City: _____ **Zip code:** _____

Email address: _____

Total amount of funding requested for year one: $_____
(Project period 8/14/2017 – 10/31/2017)

I hereby certify that the information contained in this application is true and correct. Providing false information on any application or document submitted under this statute is a misdemeanor and grounds for declaring the applicant ineligible.

The entity will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity, as defined as 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. 2 CFR 25.110 [An individual is exempt from this requirement.]

By applying, the applicant acknowledges that the entity shall comply with Single Audit requirements according to 2 CFR 200.500.521 (previously OMB A-133), subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA), and any specific grant requirements.

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

(This page is not included in the application 8-page limit total)

Scope of Work

Baseline Data Report _ Year One (August 14, 2017 – October 31, 2017)

1. Describe the history, leadership and mission of your organization.
2. Describe your organization's capacity to deliver HCV screening, testing and linkage to care.
3. Describe current testing practices for HCV (lab testing protocols, type of test, reflex testing).
4. Describe how the organization will ensure the completion of the baseline data report within the first three (3) months of the project.
5. Identify staff who will be supporting this project, including who will be selected as the contact person for this project (name, title, position within the organization).
6. Describe how all staff will be notified of this project.

Implementation of Strategy Year Two (November 1, 2017 – October 31, 2018)

1. Describe potential strategies your organization may consider to increase HCV screening, testing and linkage to care (e.g. Electronic Medical Record prompt; standing orders; opt out testing).
2. Describe what support your organization will need to implement the identified strategy.
3. Describe how your organization will implement the strategy in year two of the project.
4. Identify who will be the person responsible for completing the quarterly data reports and emailing them to the Department.
5. Identify who will participant in quarterly conference calls with the Department.

Training of Staff Year Two (November 1, 2017 – October 31, 2018)

1. Describe how your organization will ensure at least fifty percent of the staff attend an educational training on HCV.
2. Describe how your organization will ensure at least fifty percent of the staff who attend the educational training will complete the pre- and post- survey.

Project Evaluation Year Three (November 1, 2018 – October 31, 2019) and Year Four (November 1, 2019 – October 31, 2020)

1. Describe how your organization will evaluate the success of the strategy implemented.
2. Describe how your organization will sustain the identified strategy after the project ends.
3. Describe how your organization will ensure new staff receive educational training on HCV during year three and four.
4. Describe how your organization will ensure a staff person continues to be responsible for completing the quarterly reports and participates in the quarterly conference calls.

Budget Proposal

Year One: August 14, 2017 – October 31, 2017

Firm Fixed Fee	Total Amount
Personnel	
Supplies	
Other	
Indirect Costs	
Total	**$8,000**

Personnel Costs	Unit	Number of Hours	Amount Requested
Salary/Wages: Name, Position Title/Role	**Per Hour**		
Employee Benefits: *Include medical and fringe rate*	**Rate (percentage)**		
TOTAL Personnel Costs			$

Justification Narrative:

Supplies	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Other	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Indirect Costs	Amount Requested
Can include the cost of collecting, managing, sharing and preserving data.	

Year Two: November 1, 2017 – October 31, 2018

Firm Fixed Fee	Total Amount
Personnel	
Supplies	
Other	
Indirect Costs	
Total	**$8,000**

Personnel Costs	Unit	Number of Hours	Amount Requested
Salary/Wages: Name, Position Title/Role	**Per Hour**		
Employee Benefits: *Include medical and fringe rate*	**Rate (percentage)**		
TOTAL Personnel Costs			$

Justification Narrative:

Supplies	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Other	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Indirect Costs	Amount Requested
Can include the cost of collecting, managing, sharing and preserving data.	

Year Three: November 1, 2018 – October 31, 2019

Firm Fixed Fee	Total Amount
Personnel	
Supplies	
Other	
Indirect Costs	
Total	**$6,000**

Personnel Costs	Unit	Number of Hours	Amount Requested
Salary/Wages: Name, Position Title/Role	**Per Hour**		
Employee Benefits: *Include medical and fringe rate*	**Rate (percentage)**		
TOTAL Personnel Costs			$

Justification Narrative:

Supplies	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Other	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Indirect Costs	Amount Requested
Can include the cost of collecting, managing, sharing and preserving data.	

Year Four: November 1, 2019 – October 31, 2020

Firm Fixed Fee	Total Amount
Personnel	
Supplies	
Other	
Indirect Costs	
Total	**$6,000**

Personnel Costs	Unit	Number of Hours	Amount Requested
Salary/Wages: Name, Position Title/Role	Per Hour		
Employee Benefits: *Include medical and fringe rate*	Rate (percentage)		
TOTAL Personnel Costs			$

Justification Narrative:

Supplies	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Other	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Indirect Costs	Amount Requested
Can include the cost of collecting, managing, sharing and preserving data.	

Financial Risk Assessment Questionnaire

Name of Organization: _____

Name and Title of person completing this form: _____

1) Please complete the following chart (add lines as needed) or attach your own document detailing your organization's current sources of funding (including Idaho Department of Health and Welfare (IDHW) grants) by providing the funding agency, the program name, the types of funds (i.e. Federal, State, Local, Private, etc.), contract budget amounts and contract periods:

Grantor Agency	Program	Type of Funds	Contract Budget Amount	Contract Period

2) Are you currently seeking any other funds from the IDHW through grant applications, proposal in response to request for proposals, purchase orders, other contracts, or any other financial arrangement? ☐Yes ☐ No If yes, please list and explain.

3) Has your organization administered programs similar to your current grant proposal? ☐Yes ☐ No If yes, please list and explain.

4) How many years has your organization been in existence?

5) How many total FTE are there in your organization?

6) How many total FTE perform accounting functions within your organization?

7) When is your organization's fiscal year end?

8) Does your organization receive an audit under the Single Audit Act/OMB Circular A-133 (Government Auditing Standards) ☐Yes ☐ No If yes, please provide a copy (electronic preferred) of your most recent audit report.

9) Does your organization receive an annual financial statement audit under Generally Accepted Auditing Standards (GAAS)? ☐Yes ☐ No If yes, please provide a copy (electronic preferred) of your most recent audit report.

10) Are your organization's financial records maintained in accordance with Generally Accepted Accounting Principles (GAAP)? ☐Yes ☐ No

11) How are the financial records maintained to identify the source/revenue and application/expenditure of funds?

12) How are contract funds accounted for separately and allocated in your organizations accounting records?

13) Are accounting records supported by source documentation? ☐Yes ☐ No If yes, please provide examples of source documentation that is maintained and retained.

14) What controls are followed to ensure all the following:
   a. the reasonableness of cost;
   b. the allow ability of costs; and
   c. the allocability of costs to a contract?

15) Please describe your organization's overall fiscal controls and structure to sufficiently:
   a) permit the preparation of financial reports required by this contract and preparation of financial statements;
   b) allow the organization's staff, in the normal course of performing their assigned functions, to prevent or detect misstatements in financial reporting or the loss of assets in a timely manner;
   c) allow for accurate, current, and complete disclosure of the financial results of financial activities in accordance with the financial reporting requirements of the contract;
   d) permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of applicable statutes, regulations, and contracts; and
   e) maintain and safeguard all organization cash, real and personal property, and other assets.

16) This contract will be on a cost reimbursement basis. What will be your organization's source of cash and how will your organization manage its cash flow between the time costs and incurred and reimbursed?

17) What is the accounting experience and qualifications of the person that oversees maintaining your accounting and financial records? You may provide a copy of this person's resume?

18) Does your organization have employee fidelity bond/insurance coverage for all its employees that handle cash? If so, what is the coverage amount?

19) Does your organization have an active oversight committee/board and are they provided financial reports and information on a regular basis? If so, please elaborate.

Signature: _____ Date: _____

8. Application Checklist

A completed application will include these components in the following order:

☐ Application Face Page

☐ Table of Contents

☐ Scope of Work

☐ Budget Proposal

☐ Financial Risk Assessment Questionnaire

☐ W-9 Form

A complete application will include all components listed above. Incomplete application will not be reviewed.